

Daly (W. H.)



TWO PAPERS.

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1. *LARYNGOLOGY AND ITS COG- nate Branches in America.*

Read in the Section of Laryngology, at the Eighth International Congress, at
Copenhagen, Denmark, August, 1884.

2. *THE SIMPLEST AND MOST Efficient Treatment of Diphtheria.*

Read before the American Laryngological Association, at its Eighth Annual
Congress, Philadelphia, 1886.



LARYNGOLOGY AND ITS COGNATE STUDIES IN AMERICA.*

BY W. H. DALY, M. D., PITTSBURGH, PA., U. S. A.

It is impossible in the few minutes allotted to this paper to do more than take the most cursory glance at the active interest taken in America with reference to Laryngology and Rhinology. The latter, being a more recent offshoot from the former, is however destined to take high rank for brilliant and substantial work.

For example, the rapid growth, and interest taken, may be understood, when I mention, that in 1878, upon my return from Europe where I had spent a year in studying these special branches, there was not in my city (Pittsburgh, Pennsylvania), a single complete modern apparatus for making Laryngoscopic or Rhinoscopic examinations, while at the present time there are twenty to thirty.

In that year also was organized the American Laryngological Association, with a membership of eight or ten, which has since grown to quite the full complement of fifty members, with many other worthy "workers in the field" knocking for admission.

Before that time Laryngology in America was little known to the profession, except in the persons and writings of Green, Elsberg and Cohen. Since that period the number of workers who have qualified themselves to do efficient service in this special field are found in every large city in the United States, and their names are not unfamiliar to you in the literature of the special branches to which they devote their attention.

There can be no doubt whatever that so far as America is concerned the study and treatment of diseases of the nose and naso-pharynx is of even paramount importance to diseases of the Larynx. Since actual observation leads me to know that a very large proportion of the diseases affecting the latter locality are but extensions of diseased action in the former, I

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have often been at a loss to know why until the past few years the investigation of diseases of the intra-nasal structures was so much overlooked in my country.

There is in all probability, owing to the dry atmosphere of America, a greater liability to, and prevalence of naso-pharyngeal catarrh, especially of the dry form, than in any other country.

That the extension of catarrhal disease from the nares to the larynx is common, and that the patient is often able to endure the inconveniences it occasions until the vocalization is affected, is a matter of very common clinical observation, and I have repeatedly verified this clinical fact by ignoring the laryngeal symptoms and conditions, and curing the patient by treating the nares and naso-pharyngeal vault only. In other words, attacking the disease in its seat of origin, with the certainty of curing it in its peripheral localities.

Some clinical observations made in hay-asthma, and brought to the notice of the profession by me in 1880, and since taken up by Roe, Hack, Allen and others, have clearly proved that certain pathological changes in the Schneiderian mucous membrane occur sufficiently frequently to warrant the propriety of any patient suffering from this disease, having a thorough inspection made of his naso-pharynx, with the purpose of local treatment.

It further opens a valuable field for clinical investigation that has up to this time been only the subject in its largest extent of the most idle speculation and therapeutic ignorance.

As hay-asthma is to a large extent a peculiarly American disease, hence, there is all the more reason that we should cultivate the field of Rhinal therapeutics and pathology, and I am free to believe that the next five years will see the profession enlightened upon these subjects to such an extent as to rescue hay-asthma from the reproach its unrelieved recurrence casts upon the profession of America. But to do this the people who suffer from it must be educated to know that there is a fair prospect of being cured permanently by rational medical and surgical treatment.

In the matter of medical literature upon the subjects of Laryngology and Rhinology, especially the periodical articles, America has much reason to be proud, as they have for the most part been practical and useful to the every day practitioner, as guides for further work, and the odd articles published in the American medical journals will not prove uninteresting or unprofitable reading for any one desirous of being informed upon matters hitherto but little treated of.

It is a subject of much regret that the publication of the "Archives of Laryngology," which were begun under such favorable auspices in 1879 in New York, was recently suspended, and the fault must be placed more with the management than with the profession, since the latter are ready to read any practical articles that are published, but were not and are not sufficiently interested in a journal that devoted the larger part of its space to laryngological articles of a theoretical and threadbare character.

It is quite well enough to admit a portion of theoretical literature into a medical journal, but the busy practitioner wants matter that he can utilize in his every day work, and we in America fervently hope that the new journalistic enterprise started by Dr. Felix Semon of London will, in addition to its present aims, afford us a medium of communication as laryngologists and rhinologists with one another, as well as with the general practitioner.

The close association of the pathology of ear diseases with those of the throat is in strange contrast with the prevailing practice in America of combining the specialties of ear and eye diseases.

This practice must naturally undergo a change with us, since it is quite impossible to combine the efficient treatment of the eye and ear as one special branch of medical practice; the throat and ear are so intimately connected that the care of these organs should be looked after conjointly.

It is a proud distinction indeed that America has given such impetus to the study of diseases of the intra nasal cavities, and with the energetic workers now in this field the profession may reasonably expect valuable contributions to this branch of medical science, and it is quite safe to predict that in the next five years the special branches of Laryngology and Rhinology will in America be established as studies not only worthy of the highest qualifications and best laborers, but will command the respect and attention of the general profession, and thereby redound to their instruction and interest, as well as to the substantial advancement of medical science.

But in order to win the approbation of the profession we must endeavor to rescue the treatment of the throat and nose from the empire of charlatanry in America. We must eliminate all the obsolete notions of routine practice and treat every case upon its own merits in the light of rational therapeutics. This can only be done when the premises are thoroughly mastered by an honest and thorough examination of each particular case and a full knowledge of the pathological condition

arrived at, and when this is done I am free to say I believe from my past experience that the future will show an abbreviation of the weary length of time required to accomplish permanently good results.

In a word the laryngologist of the future must be more the rhinologist and the rhinologist be more the surgeon than the physician.

DISCUSSION.

Dr. F. Semon, de Londres, congratulated Dr. Daly upon his interesting and important paper, which formed a very valuable contribution towards the history of laryngology in America.

THE SIMPLEST AND MOST EFFICIENT TREATMENT OF DIPHTHERIA.*

BY WILLIAM H. DALY, M. D., PITTSBURGH, PA.

I shall not enter into the discussion of the cause, pathology, or clinical history of diphtheria, as the brevity of my paper forbids this; neither shall I hope to bring to your notice either a new plan of treatment or one that will cure anything like 90 to 100 per cent. of your cases of diphtheria; I would that I could do so and thereby claim your gratitude, and, probably, immortalize myself. Neither shall I discuss the identity or non-identity of diphtheria and membranous croup further than to declare that I have known respectable and apparently intelligent practitioners to pronounce cases of diphtheroid, diphtheritic, and croupous sore throat, either one of the three, with so much promiscuity as not only to stagger one's confidence in the practical possibility of nicely discriminating diagnoses, but to encourage the opinion that the method is largely in vogue of basing a diagnosis upon the results—viz., if the patient dies, the case was one of diphtheria or membranous croup; if the patient recovers, then there was little if anything at all the matter other than folliculous amygdalitis, or other unimportant disease.

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Neither shall I attempt to open for discussion before this learned body any of the several other very vexed, though always alluring, and important questions that often take the form of pathological conundrums when they are by the identitist and non-identitist in way of argument flouted so scornfully at one another.

But I shall have the pleasure of drawing your attention to what in my hands has been practically not only the simplest, but the most efficient treatment of diphtheria. I refer to the calomel treatment. You say, "Oh! that is not new; I have resorted to the calomel treatment for several years." Then, I answer, I am glad to hear you say so, and pray that this brief article may serve at least to renew your faith in it, and thus aid in saving the lives of more children, precious to their parents.

Touching the question of how new or how old this plan of treatment is, I found some time ago, when reading an old non-medical book,* a memoir of that learned philosopher, divine, and wit, the Rev. Sidney Smith, who was also, you may recollect, an educated physician, the following, which not only gives the respectability of age to this plan of treatment, but the crowning happiness of having been in more remote times successful. This note refers to a period about the year 1797 to 1799, at least eighty-six years ago; it runs thus: "A few months after the birth of Sidney Smith's daughter he went in the summer for a short time to Burnt Island, a small sea-bathing place at no great distance from Edinburgh, for the recovery of his wife's health; and here, but for his courage and firmness, he would have lost his long-wished-for daughter in a way he had not at all anticipated. When only six months old she fell ill of *croup* with such fearful violence that it defied all the remedies employed by the best medical men there. The danger increased with every hour. Dr. Hamilton, then one of the most eminent medical men in Edinburgh, was sent for, could not come, but said: 'Persevere in giving two grains of calomel every hour; I never knew it to fail.' It was given for eleven hours; the child grew worse and worse; the medical man in attendance then said: 'I dare give no more; I can do no more; the child must die; but at this age I would not venture to give more to my own child.' 'You,' said Sidney Smith, 'can do no more; Dr. Hamilton says to us: "Persevere;" I will take the responsibility; I will give it to her myself.' He gave it and the child was saved.

* "A Memoir of the Rev. Sidney Smith," edited by Mrs. Austin, vol. i, Harper Bros., 1855, p. 63.

Dr. Hamilton, of Edinburgh, a man of solid and courageous convictions, is seconded by a medical attendant of neither courage nor strength of moral character, but the father, a man whose life and character were strong and high above all foolish prejudice of any kind upon any subject, says: "I will take the responsibility, I will give it," and saves his child.

I salute your memory, Dr. Hamilton, with the utmost reverence for that courage that makes a man positive about that which he has tried and knows to be reliable, and I here place you on record before an association of some of the most learned men of your profession specially interested in the study of means to stay destruction of life from a disease the character of which you understood and knew how to treat so ably and successfully in remote times in medical history.

You will note that this case was treated by calomel, pure and simple; and that with two-grain doses every hour to a child six months old. You will also note that the case was called *croup*, and that we are not going to discuss the vexed question of the identity or non-identity of diphtheria and croup in this paper, or following it; and that the foregoing quotation is merely made with a view of recording gratefully the name and honor of Dr. Hamilton and the remote date of the calomel treatment. It will not do to fall back upon the sophistry that diphtheria was not known then, and that a case of croup could be better differentiated then than now, or that the case of Sidney Smith's child was one of croup and not diphtheria. The success of the treatment is sufficient proof to me that the case was one of diphtheria.

Now, briefly, as to the credit for the practice of the calomel treatment of diphtheria in modern medicine. To Dr. William C. Reiter, of Pittsburgh, a gentleman who was learned in other sciences as well as in medicine, this credit is due. He was the apostle of this plan of treatment of diphtheria, and he for many years persistently practiced the treatment, and promulgated the doctrine to his brethren, many of whom were at first unbelievers; he was an earnest and honest observer, fearless in the practice and assertion of what he deemed right. He had large experience and ripe judgment, and, as he stood for many years almost alone in the advocacy of the plan, he deserves still more our respectful praise and free acknowledgment.

In medical works the various mercurial plans of treatment are mentioned, of late years, without, so far as I have observed, according to Dr. Reiter the credit of having advocated and practiced the method of treating diphtheria

by the exhibition of calomel. I regard all the other mercurial preparations as mere excuses or ineligible substitutes for this best of all mercurials in diphtheria — viz., calomel. To any one caring to see the brochure of Dr. Reiter, which is little known of, and is so peculiar in its style as to entitle it to be considered an oddity in medical literature, I will say that it was published by J. B. Lippincott & Co., in 1878, and it is entitled “A Monograph on the Treatment of Diphtheria based upon a New *Ætiology* and Pathology,” by William C. Reiter, A. M., M. D.

As to the *ætiology* and pathology as enunciated by Dr. Reiter, I suppose one is at liberty to object or differ without being subject to the suspicion of being unorthodox; but as to the treatment, I can truly say from substantial experience it is simple, and it is what is all-important to us—it is efficient.

Now, what is the method clinically? We will say, to a child three or four years old, suffering from diphtheria (early recognition and opportunity are, as a matter of course, of the utmost importance with this as with any other plan), give of pure, untrituated or unmixed with sugar, calomel, in two to five grain doses, every one, two, or three hours, either dry on the tongue and washed down with a little ice-water, or, as Dr. Reiter preferred it, given floated on a little ice-water in a teaspoon. This is repeated at intervals until free catharsis follows; the stools are to be carefully observed, and, when they assume the appearance of having floating in them gelatinous masses of dark, rather brightish-green bile, giving them an appearance resembling chopped spinach, or the water-polyps seen in watering troughs, then the intervals of the dose can be lengthened so as to keep up this condition of catharsis to the extent of one to three stools each day. It is not well to diminish the dose, but simply to lengthen the interval, as there is less liability by this means to produce *ptyalism*. This is an important point and ought to be remembered. It has been a matter of much surprise to me that there is little depression caused by the exhibition of these large and frequently repeated doses of calomel in diphtheria, and that *ptyalism* is so infrequent, especially so if the careful observation is made to keep up catharsis, or rather that fluid condition of the contents of the alimentary canal where the osmotic action is toward them from the blood-vessels, and not *vice versa*. Under this condition of treatment the membrane exfoliates and reforms, if at all, with less and less readiness; the fever abates; the prostration is slowly replaced by brightness and a disposition to activity, which latter should, of course, be prohibited lest

heart paralysis or syncope should suddenly supervene and cause a suddenly fatal termination to the otherwise favorably progressing case.

Dr. Reiter was in the habit of alternating his doses of calomel with large doses of chlorate of potassium. This I have not found necessary, but I have adhered to the calomel in large and frequently repeated doses, with rather light but nutritious fluid diet, and have found it the most efficient of any treatment; and withal so simple for the nurse and so merciful to the patient. The latter is no small factor in the method when we compare the dreadful struggles of the little sufferer at the sight of the commonly used—shall I not say *abusively used*—throat-brush and bottle, and all the other impedimenta of the more elaborate treatment to this simpler one of getting the child to open his mouth to drop a powder in, followed by a readily accepted spoonful of ice-water. There is needed no argument to show which is the most desirable practically; and I can assure you, my fellows, that this needs but a faithful trial to show you the greater efficiency of this over all other plans of treatment in results.

But there are some rules which I beg you will follow faithfully. These are: (1) Give calomel in its purity; (2) give it in large doses; (3) give it frequently; (4) give it until you have the free and characteristic catharsis; (5) give light, nutritious diet; (6) give little or no other medicine.

If these simple rules are followed and common sense is allowed to take the place of common prejudice, you will save more of your diphtheria patients by this than by any other method known to modern medicine.

